

**THIS DECISION HAS BEEN APPEALED. THE  
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

**SOAH DOCKET NO. 453-02-3799.M4**

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

**I. DISPUTE**

1.     a.     Whether there should be additional reimbursement for date of service 06/06/01?  
       b.     The request was received on 03/04/02.

**II. EXHIBITS**

1.     Requestor, Exhibit 1:
  - a.     TWCC-60 and Letter Requesting Dispute Resolution dated 05/08/02
  - b.     Provider marked exhibits 1-19
  - c.     Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2.     Respondent, Exhibit 2:
  - a.     TWCC-60 and Response to a Request for Dispute Resolution dated 05/28/02
  - b.     Carrier marked exhibits 1-16
  - c.     Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3.     Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 05/17/02 via certified mail. Per Rule 133.307 (g)(4), the insurance carrier received its copy on 05/22/02. The response from the insurance carrier was received in the Division on 05/30/02. Based on 133.307 (i) the insurance carrier's response is timely.
4.     Notice of Medical Dispute is reflected as Exhibit #3 of the Commission's case file.

**III. PARTIES' POSITIONS**

1.     Requestor: The provider has not received proper reimbursement for services associated with an epidural steroid injection.
2.     Respondent: The carrier has reimbursed the provider properly.

#### IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 06/06/01.
2. The carrier's EOBs have the denials, "M – REDUCED TO FAIR AND REASONABLE", "G – INCLUDED IN GLOBAL."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
06/06/01	76499-27-22	\$350.00	\$67.00	M	DOP	MFG, GI (I)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The CPT descriptor states, "Unlisted diagnostic radiologic procedure." The medical documentation indicates that the provider is billing for fluoroscopic guidance (fluoroscopy). The MFG GI (I)(A) states, "... (TWCC) has incorporated usage of the ... (AMA's) 1995 ... (CPT) codes". The MFG has CPT code 76000 which has the descriptor "Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg. cardiac fluoroscopy)". The CPT code 76000 is sufficiently descriptive of the procedure performed and should have been used. The MAR value of 76000-27 is \$88.00. The carrier has submitted an EOB with audit date 02/04/02, that shows a supplemental payment of \$21.00. The total paid would now equal the \$88.00 due. Therefore, no additional reimbursement is recommended.
06/06/01	76499-27-51	\$300.00	\$0.00	G	DOP	MFG, GI (II)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The TWCC Advisory 97-01 states, "...When videofluoroscopy or fluoroscopy is performed with a myelogram or discogram, <b>such procedures</b> (emphasis added) are considered part of the service and should not be billed separately. The procedure in dispute is an epidurogram and is a procedure that should not be reimbursed separately. Therefore, no reimbursement is recommended.
06/06/01 06/06/01  06/06/01	A4649 A4209  A4550	\$15.00 \$10.00  \$75.00	\$0.00 \$0.00  \$42.60	G G	DOP DOP	MFG, SGR (V)(B)(1)	The referenced SGR states, "Sterile trays (which includes all supplies, gloves, utensils, needles, suture material, etc., needed to perform the procedure). These shall be billed using 99070-ST."  Code A4550, was reimbursed by the carrier on the first EOB. The carrier has submitted an EOB with the audit date 02/04/02, that takes credit for the amount originally reimbursed. These three codes should not be billed or reimbursed separately. Therefore, no reimbursement is recommended and the carrier correctly took credit for the amount originally paid.
06/06/01 06/06/01	A4646 J2912	\$100.00 \$100.00	\$100.00 \$0.00	G G	DOP DOP	MFG, SGR (I)(E)(4)(d)	Per the referenced SGR, "additional materials through the same puncture site, reimbursement shall be allowed for the materials only". Based on the SGR the provider would be entitled to reimbursement of one of the two materials as it would be "additional material". The carrier's EOB indicates that it has reimbursed for code A4646. Therefore, no additional reimbursement is recommended.
<b>Totals</b>		\$875.00	\$67.00				The Requestor is not entitled to additional reimbursement.

The above Findings and Decision are hereby issued this 27<sup>th</sup> day of June 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.